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Navy & Marine Corps Medical News  
MN-99-33  
August 20, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: U.S. Navy sends medical team to Turkey  
By JOC(AW) Jacqueline Kiel, CINCUSNAVEUR Public Affairs Office, London

London -- The U.S. Navy sent a special medical team to Turkey on Thursday to provide much-needed medical assistance to the victims of Tuesday's earthquake.

U.S. Naval Forces Europe (CINCUSNAVEUR) sent the team of medical personnel from Naples, Italy, according to Capt. Tom Sizemore, Fleet Medical Officer for CINCUSNAVEUR. This support is at the request of U.S. European Command and the

Department of State.

The NAVEUR Surgical Response Team (SRT) departed Thursday afternoon from Naples, Italy, onboard a U.S. Air Force C-141 bound for Istanbul, Turkey.

The SRT is comprised of 22 people, 20 from Naval Hospital Naples, including doctors, nurses and corpsmen, and an oral surgeon and a dental technician from Naval Dental Clinics Europe, Branch Dental Clinic, Naples.

"The aircraft will be carrying 27,000 pounds of medical gear that includes self support gear such as tents and water and MREs [meals ready to eat]," Sizemore said. "Included in this package are surgical supplies, anesthesia machines, intravenous meds and fluids to perform surgery and to treat orthopedic injuries, facial trauma and other injuries."

Typically an SRT is equipped to be self-supportive for a month. "NAVEUR Logistics has the responsibility of resupplying them as necessary," Sizemore said. "If they are needed for a longer period of time, they will be resupplied."

"We are anxious to provide medical help in any way we can to the people of Turkey," said Sizemore. "This is an unfortunate but unique opportunity to come to our allies at their time of need."

"This is the first non-exercise, real-world deployment of the NAVEUR surgical response team," Sizemore added.

"They just returned from MEDCEUR [Medical Exercise in Central and Eastern Europe 99-2] in Latvia. They're well trained and ready to go!"

Editor's note: For information after hours please contact JOC(AW) Kiel at 0403-128-804 or call the CINCUSNAVEUR Command Duty Officer at 171-514-4080 and ask to be connected to CAPT Honda.

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Headline: Anthrax Immunization Program director answers Sailors' questions

By JO2 Sean A. Hughes, CINCPACFLT

PEARL HARBOR -- The Anthrax Vaccine Immunization Program (AVIP) team, lead by Army Maj. Guy Strawder, visited Hawaii recently to give Sailors, Marines, Soldiers, Airmen and their families answers to questions about the anthrax vaccination program. The AVIP team comprises medical representatives from the Navy, Marines and Army.

QUESTION -- Why is the Anthrax Vaccine Immunization Program (AVIP) team here?

ANSWER -- This is part of a larger communications effort that includes the development of our new Internet site and our toll-free information line. It's all part of an information campaign to let service members talk directly to someone to get information about the program.

The problem is that when you're not getting a steady flow of information from the Department of Defense side, but you are getting it from the other side, it starts to plant a seed of doubt. I told some of the Soldiers here that's why

we're here.

QUESTION -- What is anthrax, and why do service members need to be protected from it?

ANSWER -- Anthrax is a unique bacterium that can form a spore. That endospore makes it very viable for use in a biological weapon. It can be stored for many years. After it's inhaled and symptoms develop, it's almost certain that you won't survive the exposure.

Other viruses don't have the capability of anthrax. For example, a virus carried by conventional weapon doesn't survive detonation well. Because it's a spore, anthrax survives detonation very well, and it is a very lethal organism after you've been exposed to it.

QUESTION -- What is the vaccination process?

ANSWER -- The (Food and Drug Administration) approved this immunization protocol in 1970. After the first vaccination, the member receives another one two weeks later, another four weeks from the initial vaccination, then one more at six, 12 and 18 months. Thereafter annual boosters are given to maintain the antibody.

QUESTION -- Several organizations have endorsed this vaccination. How safe is it?

ANSWER -- Vaccines, in comparison to all types of pharmaceuticals, are considered our safest drugs. We regularly confer with the Food and Drug Administration, the Center for Disease Control and Prevention, and with the World Health Organization. They all endorse this vaccination. The American Health Organization and the American College of Physicians endorse the vaccine.

It has been approved since 1970. The licensing data when it was approved demonstrated that there was a very, very low rate of serious adverse reactions associated with it. Our experience, after over a million doses, has been very similar to that. It's also been lower or comparable to reactions to the vaccinations given in childhood or for travel.

There's been a lot of information in the press that touts this vaccine as being experimental. That's the most difficult perception to overcome. The tests have already been done, and this is a safe vaccine.

QUESTION -- What are some common side effects that service members can expect from the vaccine?

ANSWER -- The serious adverse effects, those things that resulted in hospitalization or loss of duty for 24 hours, were incredibly low -- about .01 percent. Some folks said, "Wait a minute. I've got a little knot in the back of my arm from the shot. Isn't that an adverse effect? It wasn't there before." The fact of the matter is that they went back to work that day and didn't really bother them other than cosmetically.

We have a lot of knowledge about the vaccine. Our anthrax vaccine's side effect rate is lower than many other vaccines that are out there.

QUESTION -- During your demonstration, you showed that

the side effects of the anthrax vaccine measured lower than a placebo's side effects. How can that be?

ANSWER -- You've got to look at what we're measuring. We're measuring very non-specific types of conditions. People came in and said, "I felt tired."

I myself feel tired and have a headache at the end of almost every day. And the day I had my vaccine, I probably had a headache and felt fatigue at the end of that day. What happens is that the results are all over the board. It just sort of depends on the population of people you were looking at on the day we did the surveys. And that's what's very difficult to explain. I threw the placebo results up there so people get a better understanding.

QUESTION -- Who is medically deferred from taking the anthrax vaccine?

ANSWER -- Anyone who is immune-suppressed; has an active infection, particularly an upper respiratory infection; or is pregnant, is medically deferred. We also have permanent medical exemptions for any condition whatsoever that the clinician thinks represents a serious reaction following the first vaccination. It may be representative of a more serious reaction if he or she were to continue with the series.

QUESTION -- How will anthrax vaccine affect a woman's ability to bear children?

ANSWER -- There is no evidence whatsoever in any study we've ever done that there is any biological plausibility that vaccines could affect one's ability to conceive -- either for females or males. Vaccines just generally don't work that way. This vaccine is very much like all the vaccines we received since we were children.

We don't, however, vaccinate any females who have an active pregnancy -- while they are actually pregnant. That's just normal, prudent medical practice. We encourage service members, if they have any doubt in their mind, to get a pregnancy test first.

QUESTION -- If a woman is nursing a child, should she start or continue her anthrax vaccinations?

ANSWER -- There is absolutely no problem at all to continue with the vaccination series while you're nursing. It has no effect whatsoever.

QUESTION -- Is there any link between the anthrax vaccine and the Gulf War Illness Syndrome?

I can name four committees that have been appointed since the Gulf War that have studied this and found no evidence whatsoever: a Presidential Advisory Committee, a committee from the National Institute of Health, a committee from the Institute of Medicine and one from the Veteran's Administration.

All of them have looked at this and found no link whatsoever between the vaccines and the types of illnesses that are representative of Gulf War Syndrome.

QUESTION -- Will there be any negative medical effects for members who don't get the complete set of vaccinations?

ANSWER -- No. It's just like any other immunization that you would get that has more than a single dose, like hepatitis A or B. By not getting subsequent doses, all you've done is limited your immunity to the organism you're trying to protect against.

During Operation Desert Fox -- and Operation Desert Thunder - we distinguished between individuals who had only one or two doses as being only partially immunized and those with three to five doses as being adequately immunized. Once you get your third dose, the expectation is that you've got 90 percent or better protection, and it's probably actually closer to 94 or 95 percent protection after your third dose. But that immunity is going to dissipate up to the six-month point, so we've got to keep you on schedule from your first dose to keep that plateau of antibody protection.

QUESTION -- What message would you pass to service members who are hesitant about getting their immunization?

ANSWER -- First, I want people to fundamentally understand how real the threat is out there. I wish everybody had the benefit that I do of going to the Central Intelligence Agency and the Defense Intelligence Agency and talking with these folks and understanding how real this threat is to them.

Second, I want them to understand just how deadly this particular agent is. Biological weapons are one thing; this particular agent is yet another. The anthrax agent is colorless, odorless and tasteless. You can't see it. We have limited capability to detect it in the battlefield until it's probably under fire.

If you're under artillery fire and you're not masked, you would have no idea that you had been exposed until you develop the first flu-like symptoms. And then it's too late and no one can do anything for you.

And the last thing is that we have a safe and effective vaccine. It's not an exotic or experimental vaccine. Dr. Louis Pasteur developed the very first vaccine ever developed in the world against a bacterium. It was a bacterial vaccine for livestock against anthrax. It's not new, and it's been used and approved for the last 30 years.

That vaccine, in concert with the use of protective masks and gear, antibiotics detection and surveillance systems; those are all things that continuously mitigate our risks down to zero, and that's where we want to get. For more information on anthrax, the vaccine or AVIP, go to [www.anthrax.osd.mil](http://www.anthrax.osd.mil) or call AVIP's toll free hotline at 1-877-GET-VACC.

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Headline: Alert corpsman saves woman from suicide on tracks  
By Kimberly Dimo Prato, Naval Hospital Camp Pendleton

CAMP PENDLETON, Calif. -- A central processing technician attached to Naval Hospital Camp Pendleton received a Letter of Commendation from the chief of the Oceanside Police

Department in a ceremony Tuesday.

Hospital Corpsman Second Class Terrence Gauthier was credited with saving a woman's life by pulling her off the train tracks near his home in Oceanside, Calif., July 14 at 6 p.m.

Gauthier was taking his son out to ride his skateboard when he heard his neighbor yelling his name repeatedly and saying, "there's a lady on the tracks."

"I told my son to wait with his little friends, and I would be right back," said Gauthier. "I ran over to see what was going on; she was just laying there incoherent. It was then Gauthier, who could see the train station in Carlsbad from where he lives in southern Oceanside, saw the train lights of the train coming. He and his neighbor Brian Wolter, attempted to talk the woman into moving, but she was very resistant and wouldn't get up. The woman appeared to be in her 50's or so, according to Gauthier. She seemed confused and bewildered, her words were not making sense, but she told Gauthier she trusted him.

"I told her I was here to help her. There was no telling how long she'd been out there," said Gauthier. "I wanted to just get her off the tracks when I saw the lights of the train.

Gauthier and Wolter got the woman up and away from the tracks just as the train whizzed by and the Oceanside Police arrived.

"I see it as I did my part, I was just a link in the chain," said Gauthier.

Tuesday morning Gauthier informed Jeremy they were headed to an award ceremony instead of going to the babysitter.

"I let my son receive the award for me, I think it helped him out a lot," said Gauthier. "It is important for children to see police as the good guys, many children can fear police at that age," he said.

Gauthier works in Central Processing at Naval Hospital Camp Pendleton and issues supplies to the hospital and the various branch clinics.

"Being in my field you are trained to respond; you see a casualty, you treat that casualty," he said. "That woman has to be living to be treated. Time doesn't permit you not to respond, especially in a situation like that."

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Headline: New psychological therapy provided to the Fleet  
From Naval Medical Center San Diego

SAN DIEGO -- Fleet line organizations have a new psychological medical support procedure contributing to personnel readiness with the introduction of the Eye Movement Desensitization and Reprocessing or EMDR evaluation process.

EMDR treatment will help Sailors overcome substance abuse or emotional control problems, and it will also aid those who experience difficulty when wearing confining equipment, such

as gas masks.

EMDR provides bilateral or right and left brain hemispheres sensory stimulation to a person during an interview, and enhances and speeds up the healthy processing of old stored dysfunctional information that has led to emotional pain.

The use of EMDR to successfully resolve emotional distress after traumatic experiences has been established in at least 12 studies, making it the most thoroughly researched treatment of emotional trauma.

Not only is the EMDR process now available, it has been tested and proven successful with video teleconferencing as part of the Navy's telemedicine program. With this new process, psychological evaluation using telemedicine techniques is now available to smaller ships and remote locations, as well as the large carriers and shore facilities.

This new bold step of using the EMDR psychological evaluation method in a video teleconference began when Lt. Cmdr Beverly Dexter, MSC, of Naval Medical Center San Diego and Cmdr. Bruce Meneley, MC, of Naval Amphibious Squadron One conducted the first Navy evaluation interview reported anywhere in the world.

Although the use of telemedicine interviews with military patients underway is now common in Navy Medicine, military mental health evaluations using telemedicine are less common, and the use of EMDR in military mental health is still a rare occurrence. Dexter, a clinical psychologist, and Meneley, the task force surgeon for Amphibious Squadron One, conducted the EMDR therapeutic intervention as part of the Amphibious Squadron One video teleconferencing pilot project aboard amphibious assault ship USS Peleliu (LHA 5). The project is one of a number of efforts supported by TRICARE Region Nine, Office of the Lead Agent, to make services more accessible to operational military units and remote locations. The use of EMDR was found to be effective and heralds the future expanded use of EMDR using telemedicine video interviews in treating a number of different mental health diagnoses.

Therapists may now use new technology during EMDR sessions. For the Peleliu interview, Dexter, who is an EMDR-trained psychologist, provided the ship with electronic equipment that was used to provide alternating tones through headphones to the person being interviewed.

Dexter described how EMDR might resolve deep-seated emotional issues in a person. "I worked with a reservist who was a train engineer in civilian life," she said. "A woman committed suicide by throwing herself in front of his train. The engineer blamed himself, thinking, 'If only I have taken a ten-minute coffee break I would have missed the person.' He needed to shift blame for the incident to where it belonged."

After EMDR sessions to work through his emotional trauma the engineer could once again function, do his job and drive

his personal vehicle without experiencing anxiety.

Dexter said that EMDR treatment is particularly useful for substance abuse patients and in relapse prevention treatments.

"EMDR concentrates on the abuse or relapse triggers," she said. "During the interviews, part of the process is to learn what causes a person to begin substance abuse or what causes a person to relapse after treatment. Treatment includes bringing forth the emotional catalyst for that behavior, and then, generally speaking, we can desensitize the person toward that behavior."

For those at sea, behavior adjustment can be needed for something as seemingly simple as putting on a gas mask or flying over water. For the person who is traumatized by wearing a gas mask around the face or who has a fear of ending up in the water, the problems are not at all simple.

Dexter said "Treatment of people with phobias, such as gas mask phobia, is a process of identifying dysfunctional thoughts. People have a healthy inner core and during EMDR we tap into their healing resources."

Researchers have noted that the speed at which change occurs during EMDR contradicts the traditional notion of time as essential for psychological healing.

The addition of EMDR to individualized treatment plans has dramatically benefited substance abuse patients with anxiety, depressive and eating disorders, complicated bereavement, inappropriate anger, disabling resentment, and other therapeutic issues.

Even though aircraft carriers now have permanently assigned clinical psychologists to serve their large crews, mental health telemedicine interviews allow those in need on smaller ships and in remote shore stations to also receive care. The military necessity of treating people with various mental health diagnoses quickly and restoring them to their normal level of functioning demands that psychologists use whatever tools are available to accomplish that end.

Veterans Administration hospitals have used EMDR to successfully treat combat veterans and veterans with other traumatic histories for a number of years. Mounting evidence and experience with EMDR should encourage its expanded use among mental health providers at Military Treatment Facilities, given their frequency of treating trauma victims.

In addition to the demonstrated clinical benefits of EMDR, rapid resolution of disabling emotional trauma could greatly diminish the loss of active duty personnel because of medical or misconduct discharges.

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Headline: Jacksonville fitness program keeps new moms ship shape

By JO3 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Sailors at Naval Air Station



Jacksonville who are about to become moms will be healthier moms and have healthier babies by participating in a new fitness program.

Naval Hospital Jacksonville's 'Ship Shape Moms' is a low-impact physical fitness program for active duty pregnant Sailors at Naval Air Station Jacksonville.

The objective of Ship Shape Moms is to produce healthier Sailors and infants through exercise and education.

Low impact aerobics conditions a woman for labor, helps her maintain physical readiness throughout pregnancy and helps her return to pre-pregnancy fitness levels after delivery, according to Capt. Sandra DeGroot, the hospital's Director of Women Health Services.

The program has been under development over a year and started with the hospital's pregnant, active-duty moms.

"Ship Shape Moms was started with the intent of extending it to other commands in the Navy," said Charlene Rees, a program representative and registered nurse at the hospital. "After running the program for a few months at the hospital, we asked Naval Air Station Jacksonville's command master chief to get others involved, and with his help it was offered base wide."

DeGroot said Ship Shape Moms is a great asset for pregnant mothers and takes only a few steps to get started. Sailors, who are pregnant or have delivered within three months, may submit a request chit through their command. When the chit is approved, the pregnant Sailor contacts her physician or nurse practitioner that is providing her prenatal care for a medical screening to participate in the aerobics program. Even if the service member isn't medically cleared for the exercise portion of the program, the education classes are still available.

Ship Shape Moms provides educational training that includes prevention for pre-term labor, nutrition and parenting skills. The program also provides prenatal and post-partum physical fitness activities, a peer support group and informational classes including, "Why We Exercise" and "Budget for Babies."

"Active duty moms that stay fit during their pregnancy increase their military readiness," said DeGroot. She added, "Ship Shape Moms is also valuable, because it encourages a healthy lifestyle that can continue for the woman's entire life. For instance, the exercise program decreases stress and helps with labor. We all need stress reduction in our daily lives. If we can encourage women to incorporate stress reduction into a regular routine, they can live healthier, more productive lives."

For more information on Ship-Shape Moms, call Charlene Rees, at (904) 542-3500 extension 8704.

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Headline: Guantanamo Bay on-line with telemedicine

By Lt. Karen R. Krull, MSC, U.S. Naval Hospital Guantanamo Bay

GUANTANAMO BAY, Cuba -- Telemedicine technology use continues to spread throughout Navy medical organizations with the installation of MEDWEB software at U.S. Naval Hospital Guantanamo Bay, Cuba.

The new technology includes sending and receiving radiological studies, sending high-quality color images for referral to specialty clinics (dermatology, dental and ear, nose and throat), and advance information notice on medical evacuation patients.

This new service will also provide direct support to the Fleet by taking some of the teleradiology workload off of facilities such as National Naval Medical Center, Bethesda, Md., and Naval Medical Center San Diego.

"Guantanamo Bay is the first Navy site to have two mobile workstations, one diagnostic and the other orthopedic, connected to a central server," said Rick Hinesley, systems engineer at the Institute for Advanced Science and Technology in Medicine, Johns Hopkins University Applied Physics Lab in Columbia, Md.

During the first week of operation Guantanamo Bay processed 82 chest x-ray studies from the U.S.S. Theodore Roosevelt (CVN 71). This is just the beginning of a new service that will continue to be offered to base residents and the fleet. Other aircraft carrier battle groups that have this teleradiology capability include USS Carl Vinson (CVN 70) and the USS Enterprise (CVN 65), with a unit on USS George Washington (CVN 73) becoming operational in March 2000.

Because of the isolated nature of the base, many of the medical sub-specialties are not offered, resulting in numerous medical evacuation flights to the states for referral visits. By using the new telemedicine capability, patients will be able to receive the same quality of care while avoiding lost time at work and money spent while traveling. In addition to the convenience for the patient, the command will be able to save funds from costly medical evacuation trips and maximize available resources both here and in the United States.

Hospital Corpsman First Class Ron Myers, an independent duty corpsman stationed here said, "The telemedicine system provided me and the patient a quick, professional response directly from the experts. Using the old [medical evacuation] system, the same evolution would have taken five to seven days."

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Naval Hospital Twentynine Palms well prepared for Y2K  
By Dan Barber, Naval Hospital Twentynine Palms

TWENTYNINE PALMS, Calif. -- In the past year, Naval Hospital Twentynine Palms has been preparing for the future well being of its facilities and equipment, and those preparations have been successful. An Assist Visit Team of Y2K specialists from the Bureau of Medicine and Surgery recently gave the hospital a positive report on its Y2K

preparation.

The BUMED Assist Visit Team came to Naval Hospital Twentynine Palms and found a lot to say about the hospital's preparation for the coming year 2000 event.

The team of four, led by Cmdr. Rich Foster, MSC, visited the hospital to talk with hospital personnel, look at Y2K planning documents and to take away lessons learned.

According to the team, Lt.j.g. Dan Howard, CEC, and Patrick M. Dougherty, of the hospital's Facilities Management Department were prepared with Continuity of Operations Plans (COOPs). Those plans cover the hospital's emergency power system generators, water supply and sewage treatment and steam plant. Howard and Dougherty also demonstrated that they have documented assurances from the local utility companies and the base that they too are Y2K ready.

Hospital Corpsman Second Class Timothy J. Bilbruck, of the Biomedical Equipment Repair Department, similarly provided the team with his department's plans and accomplishments. According to the Assist Visit Team, Bilbruck demonstrated that the hospital's biomedical equipment has been checked and where necessary upgraded or replaced, and the inventory is ready for the year 2000 and beyond.

Lt.j.g. Paul L. Patillo, MSC, worked with the information technology member of the team and reviewed both the hospital's computer inventory and the software that is used for many hospital functions. All computers have been assessed for their Y2K compliance and those that are not compliant will be replaced through a BUMED lease-to-buy contract.

Foster met with Cmdr. Kurt S. Milson, MSC, hospital director for administration, and other directors and special assistants to review management of Y2K preparations, public perception of the hospital's readiness and plans for the New Year's weekend, termed "Zero Day Planning." He found preparations to be well underway.

At the out-brief, Foster praised the efforts of the whole hospital staff and cited the precedent work done by Cmdr. William Mock, NC, previous head of the Management Information Department, for his accomplishments in getting COOPs completed for nearly every area within the hospital. Mock facilitated this accomplishment by involving a wide range of hospital personnel in their preparation. Among the lessons learned that the team took away with them was the ability of Naval Hospital Twentynine Palms to complete its COOPs and make them available to all of Navy Medicine. A number of other medical commands have adopted the Microsoft Access database approach to COOP development that Mock developed.

Both Capt. Douglas H. Freer, MC, executive officer of the hospital and Foster were optimistic that Naval Hospital Twentynine Palms is proceeding with its Y2K preparations and is well situated for Year 2000.

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Headline: Naval Academy gets house calls from doctors  
By Lt. j.g. Gregg W. Gellman, MSC, Naval Medical Clinic  
Annapolis

ANNAPOLIS, Md. -- You've just had a visit with your doctor, and he wants you to see a specialist at the National Naval Medical Center in Bethesda, Md. The problem is, if you are a Midshipman at the U.S. Naval Academy in Annapolis, Md., you're limited by rules and regulations that prevent you from making your own appointment and going off the Naval Academy yard to see the specialist. The Naval Medical Clinic Annapolis has a daily shuttle to Bethesda, but that option means you have to miss a whole day of classes and activities. So what do you do?

Fortunately, through an arrangement with National Naval Medical Center, Bethesda, Md., you can receive care right here at the Naval Medical Clinic Annapolis through the Visiting Physicians Program. The program began approximately ten years ago, but it wasn't until 1998 that it reached its current staffing of 19 visiting specialists representing 12 medical disciplines traveling to the academy.

The process begins when the patient receives a consultation from a healthcare provider at the Clinic. Normally, the patient must wait a mandatory period of time before they can call Sierra, the Military's healthcare partner, to schedule an appointment.

But the Visiting Physicians Program expedites that process. Midshipmen instead now see Rita Davis, the Midshipmen appointments liaison, who in turn schedules patients for one of the visiting specialists. Each specialty, which includes ear, nose and throat, gastroenterology, endocrinology, cardiology, among others, sends at least one provider a month, while some of the busier practices send more.

Capt. Dennis Vidmar, MC, currently a staff physician at the Uniformed Services University of the Health Sciences has been coming to the Naval Academy for approximately 10 years. His feelings for the Visiting Physicians Program are so strong that even though he is no longer stationed at NNMCC, he still is a very active participant.

"From a patient's point of view, this program is nice, but from a physician's point of view it is really nice. What's important is we really get to know these kids," Vidmar said. "We see them right from [Induction Day] throughout their time at the Academy, and this provides excellent continuity of care. That's what it is really all about."

"Capt. Vidmar sees between 30 to 50 patients a day when [he is] here," says Davis. With Capt. Vidmar, we fit them in between the appointments as well. As soon as he has his cup of coffee, we have a patient ready for him."

As the years went on, more specialties were added in

response to the need during precommissioning, which is a 9-month process where the Midshipmen are medically screened for selection of service as pilots, submariners, surface combatants or special warfare. Before the Visiting Physicians Program, hundreds of Midshipmen were sent to NNMC Bethesda for appointments for waivers and specialized tests costing countless lost class hours.

But the benefits of the program really came through for the class of '99, according to Davis. She said that using the Visiting Physicians Program during precommissioning, she scheduled more than 2,000 appointments in a nine-month period.

And it doesn't stop there. The "precomms" office estimates that the total number of appointments made by them for all other Midshipmen alone is close to 5,000. While those all belong to the Midshipmen, active duty military members, retirees and dependents fill any open slots through appointments made in Military Medicine. To facilitate the visiting physicians, clinic management established a working area for them. No longer would they have to use any available empty office and hope for a staff member to help. Now they have an examining room complete with associated equipment and a corpsman to assist in the process.

Hospitalman Apprentice Ericka Arce works with the physicians when they are here. She puts out many of the fires that arise and helps streamline the process, according to Cmdr. Brenda Baker, NC, the assistant department head of military medicine and coordinator of the Visiting Provider Program.

Arce is in charge of setting up the exam room for the provider as if they were in their own spaces in Bethesda. She then checks in the patients and makes sure the records are in order.

Arce said, "It's really neat working with the different doctors. It's also interesting to see the many different people who walk into the clinic. I like learning about the different procedures that they do." What do the patients think about the program?

"The doctors were very helpful and it was really easy to schedule an appointment," recollected brand new Ensign Greg Bailey, who used the program for a cardiology visit while he was a midshipman. "This is an easy to use program that helps to ease the time constraints placed on the mids. It makes it easier for us to get specialized care."

"The utilization of the program is close to 100 percent in all [medical] areas," said Capt. Elizabeth Ruschmeier, NC, director of clinical services at the Clinic. "It is our plans, though, to set up a dedicated facility with its own staff when resources permit."

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Headline: Pearl Harbor clinic's public affairs program  
awarded for excellence  
From Naval Medical Clinic Pearl Harbor

PEARL HARBOR, Hawaii -- Naval Medical Clinic Pearl Harbor (NMCLPH) was recently awarded its third consecutive Rear Adm. William Thompson Award for Excellence in Public Affairs. The clinic's category was for internal communications programs at a shore command with a public affairs staff of less than three.

This award was named after Thompson who was the first Public Affairs Officer selected for Flag Rank. He served as Chief of Information from 1971 until his retirement in 1975. The award was designed to promote professionalism and excellence, as was personally exemplified by Thompson, by recognizing Navy public affairs achievements.

NMCLPH comprises four Branch Medical Clinics (BMC) and three Branch Medical Annexes (BMA), located throughout the island of Oahu and one BMA on the island of Kauai.

"This separation has the potential to cause an array of problems, the most important being communication," said Ensign. Thomas J. Leach, MSC. "Getting the word to all personnel within the command can prove to be extremely difficult. It is also difficult to maintain unit cohesiveness. It is possible that Sailors can spend an entire tour here only knowing their shipmates' names, never actually getting a chance to meet them."

There are four methods used to disseminate information throughout the command: the Plan of the Week, Local Area Network, Composite Healthcare System, and the foundation for the internal communications program, the command newsletter, the Lapa'au Ka Leo, which means "Voice of Healing." Each has its own attributes, whether it is timeliness, ability to respond, presentation style, etc.

Leach said, "The goals of our program are quite simple: ensure all staff members are getting the necessary information in a timely manner and appropriate format. When executed correctly, our program enables the staff to perform their duties to the utmost of their abilities, while simultaneously maintaining a high level of morale."

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Headline: Anthrax question and answer

Question: How is anthrax transmitted?

Answer: There are three forms of anthrax disease depending on the route of infection.

People get anthrax through a break in the skin, by eating inadequately cooked contaminated meat or by inhalation of bacteria or spores. Anthrax is not spread from person to person. Since anthrax spores can live in the soil for many years, animals can get anthrax by grazing or drinking water in contaminated areas. Weaponized anthrax (spores placed in a variety of delivery systems) could be used against people in most any location and in many different ways.

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Headline: TRICARE'S point of service option: why unlimited access costs more

From TRICARE Management Activity

WASHINGTON -- The point-of-service option under TRICARE Prime is one of the least-understood benefits by DoD TRICARE beneficiaries enrolled in the Prime (Health Maintenance Organization-like) plan.

Point-of-service means TRICARE Prime enrollees have the freedom to receive services without a referral or authorization. Such unlimited access can be costly, however, as Prime enrollees have to pay significantly higher cost-shares and a deductible, neither of which apply when enrollees use Prime network primary care managers (PCMs) to coordinate all their non-emergency care.

By choosing and using a PCM for all non-emergency care, enrollees have much lower out-of-pocket costs. Network PCMs determine when access to specialty care is medically necessary, and when it is, they make the referral. After a referral is made, TRICARE's health care finders give out the referral information.

When patients bypass their PCMs and seek care without a referral, they should be aware of the following qualifications:

- Care must be medically necessary and obtained from authorized providers, or TRICARE will pay nothing.
- The beneficiary will be responsible for an annual deductible of \$300 per individual or \$600 for a family. This deductible applies to both inpatient and outpatient services and is applied on an enrollment-year basis.
- After the deductible is met, the enrollee is responsible for 50 percent of the TRICARE allowable charges. The TRICARE allowable charge is the amount a provider can charge for a specific service. The charge depends on the service provided.
- If care is sought at a non-network provider, the provider may charge the patient up to 15 percent above the TRICARE allowable charge.
- The point-of-service option does not apply to emergency care. Enrollees should review and understand the definition of emergency care in the TRICARE Prime handbook.
- Charges paid with the point-of-service option do not apply to the catastrophic cap (including deductibles and cost-shares).

TRICARE Prime was designed to involve very little paper work, low out-of-pocket costs and to ensure that an enrollee's care is coordinated. In addition, Prime encourages enrollees to actively participate in their own health care and health promotion.

TRICARE beneficiaries need to consider what they want regarding unlimited versus limited access to providers and the price they are willing to pay. Only then can they make their decisions accordingly. It is nice to know enrollees may visit any provider they choose, but they must understand the costs involved in making this decision.

For more information, contact TRICARE communications and customer service, (703) 681-1775. Prime enrollees may visit

or call their TRICARE service center or visit the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil).

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Headline: TRICARE question and answer

Question: If I enroll in TRICARE Prime does that mean that my whole family has to enroll?

Answer: Not all family members are required to enroll in TRICARE Prime. Depending on your specific situation and needs, it may be best, for example, for a spouse to be in TRICARE Prime, and a student son or daughter, to use Extra or Standard. Contact your TRICARE Service Center for advice.

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Headline: Jump-start your metabolism

From Bureau of Medicine and Surgery

WASHINGTON -- Many people blame their inability to lose excess weight on a sluggish metabolism. Then there are those with a high metabolism that seem to be able to consume doughnuts, cakes and pies with no noticeable weight gain. How is this possible?

Well, the basal metabolic rate is the process that converts the caloric value of food into energy. A person's basal metabolic rate is based on body functions such as respiration, digestion, heartbeat and brain function.

A person with low basal metabolic rate may gain weight easier and have a harder time losing weight than someone whose metabolic rate is relatively high. If you have a low rate, it may not be the result of a sluggish metabolism but because you have a low level of muscle mass. The higher the ratio of muscle tissue to fat, the faster the metabolic rate.

Someone with more muscle and a high metabolic rate uses more energy per minute and is less likely to store food energy as fat than a person with a lower metabolic rate. Even at rest, the person with a "faster" metabolism is burning more calories.

It is possible to boost your metabolism. Here are some effective ways:

- Do aerobic exercise regularly -- Metabolic rates jump 25 percent for 12 to 15 hours after a vigorous aerobic workout. And exercise helps speed the digestive process so fewer calories are absorbed.

- Build muscle -- Strength training is not just for people who want to "bulk up" their bodies. Resistance exercises help replace flab with muscle. This is beneficial because your body must use more of its energy (burn more calories) to maintain muscle than fat. Do not be fooled by the scale either. Even though muscle weighs more than fat, it is raising your metabolism, helping to tone and define your body and improving your strength.

- Avoid strenuous diets -- The lower your daily caloric intake, the more slowly your metabolism occurs because your body perceives it as a starvation threat. Research has shown that people who skip breakfast have lower metabolic



rates than those who eat breakfast regularly. Moderate eating throughout the day revs your system.

- Eat slower --- The faster a person eats and the more calories consumed, the more insulin is released, which promotes fat storage.

- Reduce fats and increase carbohydrates -- A high-fat diet stimulates your metabolism far less than the other food groups and is packed with more calories per gram of food. Whole grain breads and cereals, vegetables, fruits, potatoes and pasta are best for your metabolism.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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